

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST TELEPHONE (Middle) (First) NAME(Last) Linda Κ. 536-2611 Rosehill, FAX MAILING ADDRESS (Street) 1088 Bishop Street, Suite 1010 524-2628 (Zip Code) (State) (City) Honolulu, HI 96813 TELEPHONE EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Rosehill & Associates FAX MAILING ADDRESS (Street) Same as above (Zip Code) (State) (City)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
	_	707 (000	
Security Title Corporation		535-6009	
MAILING ADDRESS (Street)	FAX		
1164 Bishop Street,	532-7154		
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Rachel Romena			
MAILING ADDRESS (Street)	FAX		
Same as above			
(City)	(State)	(Zip Code)	

PART	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
	Agriculture	Education	Human Services	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
X	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
·	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART					
	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
PART	V AUTHORIZATION TO L				
NAME			TITLE OF AUTHORIZING OFFICER OR PE	RSON REPRESENTED	
Rachel Romena		Vice-President			

NAME TITLE		E OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Rachel Romena	Vi	ce-President	
NAME OF ORGANIZATION (if applied	cable)	TELEPHONE	
Security Title Corp	oration	535-6009	
MAILING ADDRESS (Street)		FAX	
1164 Bishop Street, Suite 1600		532-7154	
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
I hereby authorize the abo	ove - named person to engage in	lobbying activities on behalf of the undersigned.	
RachelRomena		March 22, 2007	
(Signature of Authorizing Officer or Person Represented)		(Date)	